

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>		07/11/50
O.P.E. CLASSIFIER		8	8-22-51
FORMALITY REVIEW	<i>HL</i>	1079	02/22/61
RESPONSE FORMALITY REVIEW	<i>SG</i>	1079	11/23/61

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 - (Through numeral) Canceled
 + _____ Restricted
 M _____ Non-appeal
 I _____ Interference
 A _____ Appeal
 O _____ Objection

Claim	Date
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If more than 150 claims or 10 actions
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